## PART B - FEE(S) TRANSMITTAL





P.C.

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

appropriate. All further cor indicated unless corrected t maintenance fee notification	respondence including the localow or directed otherwise as.	Patent, advance ord in Block 1, by (a)	ers and notification specifying a new	CATION FEE (if required of maintenance fees we correspondence address)	ired). Blocks I through 4 s vill be mailed to the current and/or (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for
20741 75	RK STREET	OIF	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.  (Depositor's name)			
		P	OX COX			(Signature)
		غ <b>ن</b> ۽ رو	W.V.			(Date)
APPLICATION NO. FILING DATE FIRST NAMED			IRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/068,985	02/11/2002	Konrad Damasko			A-7789	4606
TITLE OF INVENTION: C						
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665		\$300	\$965	05/13/2004
EXAMINER		ART UNI	T C	CLASS-SUBCLASS	1	
MISKA, VIT W		2841		368-127000	J	
CFR 1.363).  Change of corresponde Address form PTO/SB/12  "Fee Address" indicati PTO/SB/47; Rev 03-02 of Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless	on (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO B an assignee is identified beld to the USPTO or is being s	ion form of a Customer  E PRINTED ON Town, no assignee daubmitted under sep	names of up to agents OR, alter firm (having as agent) and the n attorneys or ager will be printed.  HE PATENT (print ta will appear on thar arate cover. Comple	3 registered patent a natively, (2) the name a member a registered ames of up to 2 regist ats. If no name is listed or type) are patent. Inclusion of a	of a single attorney or 2 ered patent d, no name 3 essignee data is only appropri $\Gamma$ a substitute for filing an ass	wasson & GITLER
Please check the appropriate	assignee category or catego	ries (will not be pri	nted on the patent);	🗆 individual 🚨 o	corporation or other private g	roup entity 🚨 government
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):						
∑ Issue Fee           ∑ A check in the amount of the a						
☐ Advance Order - # of	If The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-2455 (enclose an extra copy of this form).					
Director for Patents is reque	sted to apply the Issue Fee ar				ssue fee to the application ide	
(Authorized Signature)  NOTE; The Issue Fee and other than the applicant; interest as shown by the re	d Publication Fee (if require a registered attorney or agrords of the United States Patton is required by 37 CFR by the public which is to five y is governed by 35 U.S.C. I less to complete, including gen to the USPTO. Time will the amount of time you his burden, should be sent to Office, U.S. Department of EEND FEES OR COMPLE for Patents, Alexandria, Virg.	(Date) 4-/5- ed) will not be accent; or the assigne tent and Trademark	04 epted from anyone e or other party in	05/07/2004 V	05/07/2004 WABRHAM2 (Name/Number:1006898	68985 665.00 OP 300.00 OP

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.